



Foster application

17122 Bel Ray Pl.
Belton, Mo 64012

A 501(c)(3) corporation "Our clients are homeless pets...we hope to be out of business someday"

www.help humane.org

Phone (816) 318-HELP

Name of Applicant: _____

Applicant's email address: (Please print clearly) _____

Home Address: _____

City: _____ State _____ Zip: _____

Occupation: _____

Home Phone: (_____) _____ Best time to contact you: _____

Daytime Phone: (_____) _____ If this is a work number may we call you at work? Y / N

What type of pet do you wish to foster (cat, kittens, dog, puppies (what size?)) _____

Names of people along with **ages of children** who will be involved with fostering the animal:

Do ALL members of the family want to participate in this fostering program? Yes / No / Unsure?

Do you live in a (check one) House _____ Townhouse _____ Apartment _____ Duplex _____ Mobile home _____

Do you:(check one) Own ___ Rent ___ If rent, do you have the landlord's permission to have a companion animal? _____

Name & phone number of landlord: _____

List pets you no longer have and what happened to them _____

May a HELP Humane Society officer visit your home for approvals and follow-ups? _____

List the other pets you currently have:

CATS

NAME	SPAYED OR NEUTERED?	UP TO DATE ON VACCINATIONS?	FELINE LEUKEMIA TESTED?
_____	Yes / No	Yes / No	Yes / No
_____	Yes / No	Yes / No	Yes / No

DOGS:

NAME	SPAYED OR NEUTERED?	UP TO DATE ON VACCINATIONS?	ON HEARTWORM PREVENTATIVE?
_____	Yes / No	Yes / No	Yes / No
_____	Yes / No	Yes / No	Yes / No

May we contact your veterinarian? _____ Please provide name, address and phone number of most recent veterinarian:

On average, how many hours a day will the pet be left alone? _____

WANTING TO FOSTER A CAT or KITTENS/MAMA? Go to Part II

WANTING TO FOSTER A DOG or PUPPIES/MAMA? Go to Part III

PART II (wishing to foster a cat)

If approved, the cat that you will be fostering must be kept indoors, will this be something you are ok with? Yes / No

If no, please explain _____

Please give any additional info that you would like us to know _____

PART III (wishing to foster a dog)

Do you have a fenced yard? Y/ N Type and height of fence: _____

Our dogs need to be part of your family and allowed indoors, is this ok with you? Yes / No

Please give any additional info that you would like us to know _____

Do you have any questions that we could answer for you?

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____